MCS Life

LIFE INSURANCE BENEFIT CLAIM FORM - MCS PERSONAL

INSTRUCTIONS: (This claim will be subject to delay or refusal if these instructions are not followed)

Submit the duly completed form along with the following required documents: Death Certificate stating cause of the death, Enrollment Form, Declaration of Heirs (if applicable), certified copy of the Marriage Certificate (if applicable), certified copy of the beneficiary's Birth Certificate, certified copy of the Social Security card of the beneficiary and the guardian (if applicable), proof of payment of funeral expenses (optional), police report (in case of death not due to natural causes), autopsy report (in case the cause of death is undetermined). A separate form must be completed for each beneficiary.

INSURED INFORMATION

1. Insured's full name	2. Date of Birth	3. Social Security
	/ /	- -
Father's surname Mother's surname Name Initial	Month Day Year	

4. Contract number:

5. Policy number:

6. Life insurance amount: $

7. Cause of death:

8. Date of death: Month: _____ Day: _____ Year: _____

BENEFICIARY INFORMATION

9. Beneficiary name	10. Date of Birth	11. Social Security
	/ /	- -
Father's surname Mother's surname Name Initial	Month Day Year	Email:
12. Current postal address:		13. Phone number:
		Cellphone:
		Work:
PO Box, HC, Urb., Num. / Street City State Zip Code		Home:
14. Guardian name (If the beneficiary is a minor)		15. Social security
		- -
Father's surname Mother's surname Name Initial		
16. Guardian current postal address:		17. Guardian phone number:
		Cellphone:
		Work:
PO Box, HC, Urb., Num. / Street City State Zip code		Home:
18. Guardian physical address:		19. Guardian electronic mail:
		Email:
PO Box, HC, Urb., Num. / Steet City State Zip code		

FRAUD NOTICE

Any person who knowingly and with intent to defraud presents false information in an insurance application or who submits, assists, or causes to submit a fraudulent claim for payment of a loss or other benefit, or submits more than one claim for the same damage or loss, commits a felony and, upon conviction, shall be punished for each violation with a fine of not less than five thousand (5,000.00) dollars nor more than ten thousand (10,000.00) dollars or imprisonment for a fixed term of three (3) years, or both penalties. If aggravating circumstances exist, the fixed penalty may be increased up to a maximum of five (5) years; if mitigating circumstances exist, it may be reduced to a minimum of two (2) years.

Beneficiary or guardian signature:_____ Date: _____

OFFICIAL USE
Claims analyst name:
Date:

Claim Dept. (Rev. 11/2025)